

**SUMMARY FORM****COLLECTIVE BARGAINING AGREEMENT**  
**PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer: Clifside Park County: Bergen  
 Employee Organization: Custodians Employees in Unit: 33  
 Base Year Contract Term: 7/1/2012 6/30/2015 New Contract Term: 7/1/2015 6/30/2018  
 Type of Settlement:  Mediated Settlement  Fact-Finder Recommendation  Voluntary Settlement  Super Conciliation

		Column A <u>Base Year - Total Costs</u> (Last Year of Previous agreement)	Column B <u>New Base Year - Total Costs</u> (First Year of Successor agreement)
<b>Section II: Economic</b>			
Item 1	Salary	\$1,063,953	\$1,030,290
Item 2	Increment	\$0	\$0
Item 3	Longevity	\$9,150	\$5,350
Item 4	Stipend	\$24,510	\$16,950
Item 5			
Item 6			
Item 7			
Item 8			
Item 9			
Item 10			
Item 11			
Item 12			
Any additional items list on separate sheet	Additional Items		
<b>Section III: Totals</b> - sum of costs in each column		\$1,097,613	\$1,052,590
		(Total)	(Total)

**Section IV: Analysis of new successor agreement****NEW AGREEMENT ANALYSIS**Total Base Year (previous agreement) \$1,097,613

Effective Date (mm/yyyy)	7/1/2015	7/1/2016	7/1/2017			
Percent Increase	2.62	2.85	2.91			
Total cost of increase						
Total base salary (successor agreement)						

**Section V: Impact of Settlement I - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement) 2.79  
 Dollar Impact (average per year over term of agreement)   

**Section VI**

Health Insurance (Indicate costs associated on each line)	Base Year	Year I
Cost of Health Plan	\$348,648	\$286,960
Employee Contributions	\$15,921	\$30,789
Prescription		
Dental		
Vision		

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, she is subject to punishment.

**Section VII**

Prepared by: Michael J. Romagnino Title: Superintendent  
 Signature:   
 Print Name: Michael J. Romagnino Date: 9/1/2016